

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-008219

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

316

Primary Registration District No.

3061

Registrar's No.

79

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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9434.4

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED MAR 5 1963

1. PLACE OF DEATH a. COUNTY St. Francois		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE MA b. COUNTY St. Francois	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLAT RIVER, MO		c. CITY OR TOWN FLAT RIVER, MA	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home.		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First MARY Middle EDNA Last REED		4. DATE OF DEATH Month FEB Day 23 Year 1963	
5. SEX FEMALE	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 4 1903
10a. USUAL OCCUPATION (Give kind of work done during 10 years preceding death, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY HOUSE-WIFE	11. BIRTHPLACE (City and state or country) MADISON MO.
13a. FATHER'S NAME CHARLES FRYMAN		13b. MOTHER'S MAIDEN NAME ELIA HARRISS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. MRS. GEORGES WINEY St. Louis, MO.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Presumed to be "Natural Causes"		INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Investigated by Ted Boyer, Coroner St. Francois County, Mo. DUE TO (c) Died at home while sitting in chair.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Had been known to have heart condition sev. yrs. ago.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____. Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) Eather Rudloff Local Registrar		22b. ADDRESS Realty Bldg. Farmington Mo.	
22c. DATE SIGNED 2-24-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 2/25/63	23c. NAME OF CEMETERY OR CREMATORY FREDERICKTOWN CEM. FREDERICKTOWN MO.	
24. FUNERAL DIRECTOR L.A. Lowell's Funeral Home		25. DATE RECD. BY LOCAL REG. Feb. 24, 1963	
ADDRESS FLAT RIVER MA		26. REGISTRAR'S SIGNATURE Eather Rudloff	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Donald Dale Caldwell

Licensed Embalmer No. 5095

P. O. Address Flat River, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.